

**Application Data Sheet****Application Information**

Application number::	To Be Assigned
Filing Date::	11/30/04
Application Type::	Regular
Subject Matter::	Utility
Title::	METHODS OF DIAGNOSING & TREATING DIABETES AND INSULIN RESISTANCE
Attorney Docket Number::	016325-013900US
Request for Early Publication::	No
Request for Non-Publication::	No
Total Drawing Sheets::	0
Small Entity?::	Yes
Petition included?::	No
Secrecy Order in Parent Appl.::	No

**Applicant Information**

Applicant Authority Type::	Inventor
Primary Citizenship Country::	Ireland
Status::	Full Capacity
Given Name::	Bernard
Family Name::	ALLAN
City of Residence::	San Francisco
State or Province of Residence::	CA
Country of Residence::	US
Street of Mailing Address::	940 Guerrero Street
City of Mailing Address::	San Francisco
State or Province of mailing address::	CA
Country of mailing address::	US
Postal or Zip Code of mailing address::	94110

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Belgium  
Status:: Full Capacity  
Given Name:: Francine  
Family Name:: ✓ GREGOIRE  
City of Residence:: Lafayette  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of Mailing Address:: 1044 Carol Lane  
City of Mailing Address:: Lafayette  
State or Province of mailing address:: CA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 94549

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: United Kingdom  
Status:: Full Capacity  
Given Name:: Brian  
Family Name:: ✓ LAVAN  
City of Residence:: San Francisco  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of Mailing Address:: 2020 Lawton Street  
City of Mailing Address:: San Francisco  
State or Province of mailing address:: CA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 94122

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: United Kingdom  
Status:: Full Capacity  
Given Name:: Shonna  
Family Name:: MOODIE  
City of Residence:: San Francisco  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of Mailing Address:: 2091 Golden Gate  
City of Mailing Address:: San Francisco  
State or Province of mailing address:: CA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 94115

### **Correspondence Information**

Correspondence Customer Number:: 20350

### **Representative Information**

Representative Customer Number:: 20350

### **Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	National Stage of Claims Benefit of and	PCT/US03/17725 60/386,085 60/386,331	June 4, 2003 June 4, 2002 June 5, 2002

### **Assignee Information**

Assignee Name:: METABOLEX, INC.  
Street of mailing address:: 3876 Bay Center Place

City of mailing address:: Hayward  
State or Province of mailing address:: CA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 94545